

2022-2023 Middle School Athletic Participation Registration Checklist

The items listed below must be complete before your student can begin participation.

Student Name: _____ **Grade:** _____

School: _____ **Sport:** _____

- Copy of current sports physical turned into office on: **Date** _____
▪ Sports physical completed on: **Date** _____

- Middle School Authorization for Athletic Participation

- Emergency Information Card
▪ This card must be completed by a Parent or Guardian

- Uniform agreement
▪ I hereby agree to accept full responsibility for the district uniform issued to my child. If any equipment or uniform pieces are lost or damaged (beyond normal wear), I agree to pay for replacement. I am further aware that if my student's uniform is not returned to the school within two weeks of the completion of the season, that Adams 12 Five Star Schools will bill me for the uniform.

Parent/Guardian Signature _____ Date: _____



2022-2023 AUTHORIZATION FOR MIDDLE SCHOOL ATHLETIC PARTICIPATION

Athletic Department

_____ Student Name	_____ Date of Birth	_____ Sport
_____ Address	_____ Phone	_____ School
_____ Parent/Guardian Name	_____ Email	Grade: 6 7 8
_____ Previous School Attended		

INSURANCE WAIVER/ PERMISSION FOR MEDICAL TREATMENT

This statement releases the District of financial responsibility in case of accident/injury or any illness or infection, including but not limited to COVID-19, to my son/daughter/child/ward/student (hereinafter referred to as "Participant") while Participant is participating in interscholastic athletic activities ("Athletics"). I fully understand Adams 12 Five Star Schools does not provide accident or health insurance coverage for participation in Athletics and that accident insurance is made available by the District for me to purchase through an outside provider. I further understand that it is my responsibility to provide health/accident insurance coverage for Participant. *(Please check all that apply.)*

- I hereby certify that Participant has health insurance coverage. (If Participant does NOT have health insurance, you MUST check the next box).
- I hereby certify that I assume full and complete financial responsibility for costs incurred due to any injury or accident occurring during participation in the athletic program.
- In the event of an emergency requiring medical attention, I hereby grant permission to a physician or the hospital personnel to attend to Participant. Every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

ACKNOWLEDGEMENT OF RETURN TO PLAY PROTOCOL

I hereby acknowledge that the District requires any Participant who is returning from injury in which the Participant was not participating for any amount of time (i.e. concussion, ACL reconstruction, etc.) to be cleared by an individual with the following credentials: MD, DO, PA, or LNP ("Qualified Health Care Professional"). I also understand that the Qualified Health Care Professional who is signing the Participant's return to sport clearance must not be a direct relative of the Participant. "Direct relative" means the Participant's parent/guardian, sibling, grandparent, or aunt/uncle. I also understand and acknowledge that return to sport clearance should only be provided by a Qualified Health Care Professional who is making a clearance decision based on the best interest of the Participant's health and who is void of conflicts of interest regarding the Participant's return to sport.

STATEMENT BY QUALIFIED HEALTH CARE PROFESSIONAL FOR ATHLETIC PARTICIPATION

No student shall participate in formal practice or represent the student's school in Athletics until there is a statement on file with the principal or athletic director signed by the student's parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) the student has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, the student is physically fit to participate in middle school athletics; and (c) that the student has the consent of the student's parent or legal guardian to participate. Licensed medical practitioners who meet this criteria include MDs, DOs, Nurse Practitioners, Physician Assistants and Doctors of Chiropractic who are School Physical Certified (DC, Spc.).

- I hereby acknowledge that the licensed medical practitioner who is signing the physical may be a "direct relative" of the Participant, as "direct relative" is defined above, so long as the Participant has not had any recent injuries for which the Participant still needs a return to sport clearance.
- Documentation of physical within the last calendar year from a licensed medical practitioner that meets the criteria described above is attached.

_____ Parent/Guardian Signature	_____ Date
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Athletic Department

WARNING TO PARENTS/GUARDIANS AND STUDENTS WITH RELEASE

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

In addition, the World Health Organization, the US Center for Disease Control, and the Governor of the State of Colorado have declared a global, nationwide and statewide pandemic of the coronavirus that causes the disease called COVID-19. The coronavirus that causes the disease is said to be extraordinarily easy to transmit between people, and gatherings of large numbers of people or people in close proximity to one another are believed to be the main cause of the spread of COVID-19. Accordingly, any gathering of people, including competitive athletics, is or can be inherently dangerous and unpredictable, and SERIOUS ILLNESS or even DEATH can occur as a result of a student's participation in competitive athletics.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury, illness or infection, including but not limited to COVID-19. Athletic participation by students also may be inherently dangerous.

Athletes have the responsibility of reporting their injuries/illnesses/symptoms to their parents, and coaches. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, illnesses, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my parents and coaches. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to my parents/guardians and coaches.

By granting permission for Participant to participate in athletic competition, I acknowledge that such risk exists. I hereby give my consent for my son/daughter/child/ward/student to compete in athletics in Adams 12 Five Star Schools approved middle school sports programs, and I have read and understand this form.

Parent/Guardian Signature

Date

By choosing to participate, I acknowledge that such risks exist.

Student Signature

Date

TRANSPORTATION NOTICE AND RELEASE

Transportation for middle school students to and from most activities, events, matches, and games will be provided as long as it does not interfere with daily school bus routes. If transportation cannot be provided it is the responsibility of the parent/guardian to arrange for the student's transportation to and from practices, events, matches, and games. When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use of purpose intended or any other matters related to any non-District transportation.

I acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities or events. I acknowledge it is my responsibility to provide or arrange for my child's transportation to District events when District transportation is not available. I hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my child's utilization of or participation in any non-District transportation, whether furnished by us, our student, another student, another adult or otherwise.

Parent/Guardian Signature

Date

Emergency Information Card
(This card must be completed by a Parent or Guardian)

Name of Athlete _____ Date of Physical _____
(Print)

Address _____ Home Phone _____

Mother Cell/Work _____ Father Cell/Work _____

Person to contact in case a parent/guardian cannot be reached:

Name _____ Relationship to Athlete _____ Phone _____

Do you have any of the following conditions?

Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, to what? _____
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Seizures/Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Concussions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, date/grade _____ / _____ date/grade _____ / _____ date/grade _____ / _____

Do you have any previous or existing injuries/surgeries/conditions/illnesses (including but not limited to COVID-19) that might affect your athletic participation?

If yes, describe: _____

I give the health care provider (e.g. health aide/district nurse), as necessary at _____ middle school permission to evaluate and treat common injuries/wounds that might occur as a result of participating in athletics. In the absence of the health aide/district nurse, the coach will use his/her best judgment to assist the injured athlete. I have read and understand the Medical Disclaimer on the bottom of this document.

Emergency care:

In the event of an emergency, the coach is responsible for the following:

- A. Caring for the athlete. (Notify health aide/district nurse).
- B. Contact parents or guardian of the athlete. If parent or guardian cannot be reached, contact person designated on emergency card.
- C. If needed, seek professional care for the athlete.
- D. If needed, call "911".
- E. If student is transported by ambulance or sent to hospital, contact the District Emergency Communications Center at (720) 972-4911.
- F. Complete a District accident report.
- G. Notify the school Athletic Director and/or the District Athletic Director.

Medical Disclaimer:

Athletes have the responsibility of reporting their injuries/illnesses/symptoms to their coach and the health aide/district nurse at their middle school. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, illnesses, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my coach and the health aide/district nurse at my middle school. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to the coach/health aide/district nurse.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____